"FEE ADDRESS" INDICATION FORM

Address to:	Fax to:
Mail Stop M Correspondence	571-273-6500
Commissioner for Patents - OR -	
P.O. Box 1450	
Alexandria, VA 22313-1450	

INSTRUCTIONS: The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. When to check the first box below: If you have a Customer Number to represent the fee address. When to check the second box below: If you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.

For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:

☒ Customer Number: *000031111*

OR

☐ The attached Request for Customer Number (PTO/SB/125) form.

PATENT NUMBER (if known)	APPLICATION NUMBER
7,235,083	10/661,009

Completed by (check one):

☐ Applicant/Inventor   _Victor Poissant_
                          Signature

☐ Attorney or Agent of record _____   _Victoria Poissant_
   (Reg. No.)   Typed or printed name

☒ Assignee of record of the entire interest. See 37 CFR 3.71.   _661-949-4553_
   Statement under 37 CFR 3.73(b) is enclosed.   Requester's telephone number
   (Form PTO/SB/96)

☐ Assignee recorded at Reel _____ Frame_____   _7/1/2010_
                                                    Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ * Total of ____4____ forms are submitted.